}	1. TRANSMITTAL NUMBER: 2	2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF		Vermont
STATE PLAN MATERIAL		
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
EGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
EALTH CARE FINANCING ADMINISTRATION	** /3 (000 **	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	7/1/2061	
5. TYPE OF PLAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO BE CO	NSIDERED AS NEW PLAN	ENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	IDMENT (Separate Transmittal for each amer	ndment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR § 440,70	a. FFY 02 \$ 157, b. FFY \$	250
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSED	DED PLAN SECTION
o. That NUMBER OF THE FEAT SECTION ON ATTACHMENT,	OR ATTACHMENT (If Applicable):	LD I LAN OLO HON
3		
Attachment 3.1-A page &e(2)	Hone	
10. SUBJECT OF AMENDMENT:		
10. SUBJECT OF AMENUMENT:		
Addition of Home Wealth Medical Social Worker	as a Nedicaid R <mark>eimbursable s</mark> er	vice
11. GOVERNOR'S REVIEW (Check One):	1 01	
	OTHER, AS SPECIFIED: 90 11	atus
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED: (%)	Expertise.
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		money on any and
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	+G+hlan C. Hor	4
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	\supset
M Watthe For	Roxanne Doty	
13. TYPED NAME:	Department of Prevention,	Assistance.
M. Jane Kitchel	Transition, and Wealth /	ccess
14. TITLE:	Planning and Evaluation Di	ivision
Secretary, Agency of Human Services	103 South Main Street	
15. DATE SUBMITTED:	Waterbury VT 05671-1201	
July 18, 2001		
	FICE USE ONLY	
17. DATE RECEIVED: -1/16/11	18. DATE APPROVED:	s with selficial business.
	August 28, 2001	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	NE COPY ATTACHED 20 SIGNATURE OF REGIONAL OFFICIAL:	
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July 1, 2001		usuc .
21. TYPED NAME:	22. TITAE;	
Ronald Preston	Associate Regional Administr	ator, DMSO
23. REMARKS:		
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		Ball Barrell Carrier Control Control

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TITLE XIX

State: VERMONT

Attachment 3.1-A

Page 3e (2)

ITEM 7. HOME HEALTH SERVICES (continued)

Home health services are listed to those required on an intermittent basis. Covered home health services under this Plan are those that are provided by the staff of a Medicare certified and Medicare participating home health agency or visiting nurse association.

e) Medical Social Worker services are covered when provided within the scope and under the rules established by the federal Medicare program.

TN# 01-009

Supercedes

TN# None

Effective Date: 7/1/01

Approval Date: 8/28/01